

Contraceptive and Reproductive Health Services for Teens: Evidence-based Clinical Best Practices



Service Domain (reference)	Evidence-based Clinical Practice(s)	Rationale
Contraceptive Access ^{1,2,3,4,5,6,7}	<ul style="list-style-type: none"> Offers same-day appointments Offers after-school hours appointments Offers appointments during the weekend Takes/updates sexual health history at every visit Offers a wide-range of contraception (via prescription and/or dispensed onsite) Offers hormonal contraception or IUD at every visit to the clinical provider regardless of reason for visit (e.g., urgent, preventive, school health, sports physical, pregnancy testing, emergency contraception, sexually transmitted disease [STD] testing, HIV testing) to ensure that there are no missed opportunities Prescribes hormonal contraception without prerequisite exams or STI testing (i.e., without first requiring any of the following: Pap smear, pelvic examination, breast examination, or STD testing) 	<ul style="list-style-type: none"> Preventive services should be offered/provided to adolescents at every visit to reduce rates of no-show follow-up visits and to minimize the risk of adolescents being lost to care. Clinic-level barriers (i.e., inconvenient hours, prerequisite screening) to providing preventive reproductive health services should be removed where feasible to facilitate timely provision of preventive services to adolescents.
Quick Start Provision of Hormonal Contraception/IUD ^{1,2,8, 5,6,7,9}	<ul style="list-style-type: none"> Initiates hormonal contraception using the Quick Start method¹ Initiates hormonal contraception after the client has had a negative pregnancy test using Quick Start method Initiates hormonal contraception using the Quick Start method when an adolescent client is provided with emergency contraception where a pregnancy test is negative Offers Quick Start insertion of IUD 	<ul style="list-style-type: none"> Clinic protocols that require young women to delay initiation of hormonal contraception until their next menses present a barrier to initiation of contraception. Delaying initiation of hormonal contraception may increase the risk of unintended pregnancy.
Emergency Contraception ^{1,2,5,6,7,10,11}	<ul style="list-style-type: none"> Ensures emergency contraception is available to females Provides emergency contraception to females for future use (advance provision) Provides emergency contraception to males for future use (advance provision) 	<ul style="list-style-type: none"> Evidence indicates that adolescents use EC more frequently when barriers to access are removed, and that EC use is increased when provided through advance provision than when provided in the clinic. EC is an effective supplement to regular contraceptive methods.
Cervical Cancer Screening ^{12,13}	<ul style="list-style-type: none"> Adheres to current cervical cancer screening (Pap Smear) guidelines (i.e., initiate pap screening at age 21) 	<ul style="list-style-type: none"> Surveillance data show a very low incidence of cancer in women less than 21 years of age. There is the risk that screening at earlier ages (before age 21) may increase anxiety and morbidity. Cancer screening and follow-up procedures are costly.
STI/HIV Testing and Treatment ^{1,2,5,6,7,10,11, 15,16,17,18,19,20}	<ul style="list-style-type: none"> Provides Chlamydia screening at least annually, or based on diagnostic criteria, consistent with USPSTF and CDC recommendations Offers Chlamydia screening for females using a urine or vaginal swab specimen Offers Chlamydia screening for males using a urine specimen Offers Gonorrhea screening for both females and males Offers HIV rapid testing for females and males as per CDC recommendations Offers expedited, patient-delivered partner therapy as an option for the treatment of uncomplicated chlamydial infection 	<ul style="list-style-type: none"> Urine-based Chlamydia screening has comparable specificity to cervical and urethral specimens, while being less invasive. Data indicate patients with STIs have reduced risk for recurring infection when their sexual partners are treated in a timely manner or are treated at the same time as the patient.

1. Beginning contraception at the time of the visit rather than waiting for next menses (Gavin L, Moskosky S, Carter M, et al. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR* 2014; 63(4):1–54).



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Cost, Confidentiality, Consent ^{21,1,22,23,4, 24,25,26,27,28}	<ul style="list-style-type: none"> Provides low-cost or no-cost contraceptive and reproductive health care services Provides confidential contraceptive and reproductive health care to adolescents without need for parental or caregiver consent (in accordance with state policy) 	<ul style="list-style-type: none"> Data indicate that requiring parental consent for reproductive and health services is a barrier to care for adolescents. Adolescents' concerns about confidential provision of reproductive health services are a barrier to care.
Health Center Infrastructure ^{29,30,31,32}	<ul style="list-style-type: none"> Participates in the federal 340B drug discount purchasing program Uses electronic medical records (e.g., eClinical Works, Centricity, Epic, NextGen) Has systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided 	<ul style="list-style-type: none"> Infrastructure that minimizes or removes financial barriers to reproductive health services facilitates adolescent access of these services. Evidence suggests that when there is inadequate reimbursement for provision of services, providers are less likely to adhere to agency guidelines on service provision. Use of EMRs has been linked to more accurate reporting of client-level data, improved protection of client confidentiality, and increased clinic efficiency.
Health Center Environment ^{22,28,33,34,35,36}	<ul style="list-style-type: none"> Has a counseling area that provides both visual and auditory privacy Has an examination room that provides visual and auditory privacy Has teen-focused magazines in the waiting room or examination areas Displays information on issues related to adolescent sexual and reproductive health (e.g., confidentiality, cost, what services are available to adolescents) Has brief evidence-based or evidence-informed video or other interventions designed for adolescents 	<ul style="list-style-type: none"> Evidence shows that providing adolescents with opportunities to speak privately with a clinician influences their receipt of sexual health assessments Provision of informational materials on adolescent contraceptive and reproductive health in waiting or exam rooms has been shown to positively influence adolescents' attitudes and willingness to discuss reproductive health with providers

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